

Regional Office of Career & Technical Education

2450 Foundation Drive, Suite 100, Springfield, IL 62703-5431

Travel Reimbursement Request

Please complete the upper half of this form prior to event; keep a copy for your records, and submit the original to the ROCTE office. Once approved, a copy will be returned to you, with instructions on how to complete the bottom portion of the form. (NOTE: Completed registration form(s) must accompany this form to register for a conference/workshop.)

PERSON REQUESTING REIMBURSEMENT: _____

SCHOOL NAME & ADDRESS: _____
 (Information Required to Receive Reimbursement) _____

SUBJECT TAUGHT: (if instructor): _____

EVENT NAME: _____

EVENT CITY & STATE: _____

DATE(S) OF EVENT: _____

BENEFIT TO GRANT: *(In order to justify allowable travel expenditures, an adequate explanation is required on how this activity will assist you to reach the goals of the grant.)*

ESTIMATES OF TRAVEL: # of Miles _____ Registration \$ _____ Lodging \$ _____ /per day

SUBSTITUTE COVERAGE: # of Days _____ Home School Rate for Substitutes: \$ _____ /per day

ROCTE Office Use Only -

TOTAL ESTIMATED COSTS: Travel - \$ _____ / Funding: _____

TOTAL COST FOR SUBSTITUTE COVERAGE: \$ _____ / Funding: _____

TRAVELER

SIGNATURE (required): _____ DATE: _____

BLDG PRINCIPAL or

SUPT SIGNATURE (required): _____ DATE: _____

(NOTE: Above signatures required before submission to ROCTE Office, or it will be returned.)

ROCTE DIRECTOR: _____ DATE: _____

Please choose one: I have already registered. Please reimburse me after conference.
 Please register me for this conference.

Please complete this lower section **after** the event and **resubmit the canary copy** to the ROCTE office.

DATE	DEPARTED FROM	ARRIVED AT	AUTO MILES	AUTO REIM	LODGING	MEALS PER DIEM	SUB	OTHER EXPENSE	LINE TOTALS (Office Use Only)
	Place	Place							
	Time	Time							
	Place	Place							

TRAVELER SIGNATURE: _____ DATE: _____

ROCTE DIRECTOR: _____ DATE: _____